07-13-05



### 3742 pw

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Pierron

Art Unit: 3742

Serial No.:10/510,769

Attorney Docket: TFR0137

Filed: October 12, 2004

For: Electric Heating Device, in Particular for a Vehicle Heating and/or Air Conditioning Apparatus.

#### **NEW POWER OF ATTORNEY**

Hon. Commissioner for Patents & Trademarks P.O. Box 1450 Alexandria, VA 22313-1450

July 12, 2005

Sir:

Enclosed please find a New Power of Attorney and Correspondence Address Indication Form directed to the above mentioned application duly executed by the inventors.

Please charge any fee deficiency or credit any overpayment to Deposit Account No.50-2698.

Respectfully submitted,

By: VV P Ronald Courtrey 34,805

Valeo Climate Control Corp.
Intellectual Property Department
4100 North Atlantic Boulevard

Auburn Hills, Michigan 48326

Tel: (248) 209 84 35 Fax: (248) 209 82 05

PTO/SB/81 (04-05)
Approved for use through 11/30/2005, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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| Application Number     | 10/510 700                  | ~ |
|------------------------|-----------------------------|---|
| Application Number     | 10/510,769                  | • |
| Filing Date            | 10/12/2004                  |   |
| First Named Inventor   | Frederic PIERRON            |   |
| Title                  | Electric heating device, in |   |
| Art Unit               | 3742                        |   |
| Examiner Name          | Unknown                     |   |
| Attorney Docket Number | TFR0137                     | _ |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------|-------------------|-----------|-----------------------|-------------|---------------------------------------|----|
|                                                                                                                                                                                                                    | iii pievid               | ous powers of attorney give                   | n in the ab       | ove-lae   | entified applica      | ation.      |                                       |    |
| I hereby appoint:                                                                                                                                                                                                  |                          |                                               |                   |           |                       |             |                                       |    |
| Practitioners as                                                                                                                                                                                                   | ssociated                | with the Customer Number:                     |                   |           |                       |             |                                       |    |
| OR                                                                                                                                                                                                                 |                          | <b>L</b>                                      |                   |           |                       |             |                                       |    |
| Practitioner(s) named below:                                                                                                                                                                                       |                          |                                               |                   |           |                       |             |                                       |    |
|                                                                                                                                                                                                                    | Name Registration Number |                                               |                   |           |                       |             |                                       |    |
| Ronald COUR                                                                                                                                                                                                        | TNEY                     |                                               |                   |           | 34                    | 805         | <u> </u>                              |    |
| Matthew STA\                                                                                                                                                                                                       | /ISH                     |                                               |                   |           | 36                    | 286         | · · · · · · · · · · · · · · · · · · · | l  |
| Matthew JOHN                                                                                                                                                                                                       | NSTON                    |                                               |                   |           | 41                    | 096         |                                       | i  |
|                                                                                                                                                                                                                    |                          |                                               |                   |           |                       |             |                                       | İ  |
| as my/our attorney(s)<br>Trademark Office con                                                                                                                                                                      |                          | (s) to prosecute the application ide erewith. | ntified above,    | and to t  | ransact all busine    | ess in the  | United States Patent and              | d  |
| Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number: |                          |                                               |                   |           |                       |             |                                       |    |
| Firm or Individual                                                                                                                                                                                                 | Name                     | Valeo Climate Control Corp.                   |                   |           |                       | _           |                                       | -  |
| Address                                                                                                                                                                                                            |                          | 4100 North Atlantic Boulevard                 |                   |           |                       |             |                                       |    |
| City                                                                                                                                                                                                               |                          | Auburn Hills                                  |                   | State     | MICHIGAN              |             | Zip 48326                             |    |
| Country                                                                                                                                                                                                            |                          | United States of America                      |                   |           | •                     | •           | •                                     |    |
| Telephone                                                                                                                                                                                                          |                          | 248 209 84 35                                 |                   | Email     |                       |             |                                       |    |
| I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)                                                          |                          |                                               |                   |           |                       |             |                                       |    |
|                                                                                                                                                                                                                    |                          | SIGNATURE of Ap                               |                   | signee    | of Record             | ***         |                                       |    |
| Signature                                                                                                                                                                                                          | 4                        | Town and                                      |                   | ·         |                       | Date        | May 27, 2005                          | 5  |
| Name                                                                                                                                                                                                               | Christon                 | he MARANGE                                    |                   |           |                       | Telephone   |                                       |    |
| Title and Company                                                                                                                                                                                                  | Enginee                  | er, Valeo Climatisation                       |                   |           |                       |             |                                       |    |
| NOTE: Signatures of all signature is required, see                                                                                                                                                                 | the invento              | ors or assignees of record of the entire in   | interest or their | represent | ative(s) are required | d. Submit m | nultiple forms if more than o         | ne |
| *Total of 4                                                                                                                                                                                                        |                          | forms are submitted.                          |                   |           |                       |             |                                       |    |

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| to respond to a conection of infor | mation unless it displays a valid ONB control number. |
|------------------------------------|-------------------------------------------------------|
| Application Number                 | 10/510,769                                            |
| Filing Date                        | 10/12/2004                                            |
| First Named Inventor               | Frederic PIERRON                                      |
| Title                              | Electric heating device, in                           |
| Art Unit                           | 3742                                                  |
| Examiner Name                      | Unknown                                               |
| Attorney Docket Number             | TFR0137 ^                                             |

| l her                                              | I hereby revoke all previous powers of attorney given in the above-identified application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                        |           |           |                        |             |                                |  |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|-----------|-----------|------------------------|-------------|--------------------------------|--|
| 1 hereby appoint:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                        |           |           |                        |             |                                |  |
| Practitioners associated with the Customer Number: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                        |           |           |                        |             |                                |  |
| •                                                  | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                        |           |           |                        |             |                                |  |
| •                                                  | Practitioner(s) named below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                        |           |           |                        |             |                                |  |
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|                                                    | Ronald COURT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NEY       |                                                        |           |           | 34                     | 805         |                                |  |
|                                                    | Matthew STAV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ISH       |                                                        |           |           | 36:                    | 286         |                                |  |
|                                                    | Matthew JOHN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STON      |                                                        |           |           | 410                    | 096         |                                |  |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                        |           |           |                        |             |                                |  |
|                                                    | /our attorney(s) o<br>mark Office conr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | s) to prosecute the application identified<br>erewith. | above,    | and to    | transact all busine    | ss in the l | United States Patent and       |  |
| Pleas                                              | e recoanize or ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nange the | correspondence address for the above                   | -identifi | ied appli | ication to:            |             |                                |  |
|                                                    | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _         | ed with the above-mentioned Customer                   |           |           |                        |             |                                |  |
|                                                    | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | associat  | ed with the above-mentioned Customer                   | Numbe     | 1.        |                        | l           |                                |  |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                        |           |           |                        |             |                                |  |
|                                                    | or or other | associat  | ed with Customer Number:                               |           |           |                        |             |                                |  |
| V                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                        |           |           |                        |             |                                |  |
|                                                    | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | 4100 North Atlantic Boulevard                          |           |           |                        |             |                                |  |
|                                                    | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Auburn Hills                                           | T         | State     | MICHIGAN               |             | Zip 48326                      |  |
|                                                    | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | United States of America                               |           |           | .l                     |             | <b>.</b>                       |  |
|                                                    | Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | 248 209 84 35                                          |           | Email     |                        |             |                                |  |
| l am                                               | I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                        |           |           |                        |             |                                |  |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | SIGNATURE of Applicar                                  | nt or As  | ssignee   | of Record              |             |                                |  |
| Signa                                              | ture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Telle                                                  |           |           |                        | Date        | May 27, 2005                   |  |
| Name                                               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Olivier C | OLETTE                                                 |           |           |                        | elephone    | 01.34.61.58.03                 |  |
| Title a                                            | and Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Enginee   | r, Valeo Climatisation                                 |           |           |                        |             |                                |  |
|                                                    | : Signatures of all thure is required, see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           | rs or assignees of record of the entire interest       | or their  | represen  | tative(s) are required | I. Submit m | ultiple forms if more than one |  |
| >                                                  | *Total of 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | forms are submitted.                                   |           |           |                        |             |                                |  |

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|--------------------------------------|-----------------------------------------------------------|--|--|--|--|
| Application Number                   | 10/510,769                                                |  |  |  |  |
| Filing Date                          | 10/12/2004                                                |  |  |  |  |
| First Named Inventor                 | Frederic PIERRON                                          |  |  |  |  |
| Title                                | Electric heating device, in                               |  |  |  |  |
| Art Unit                             | 3742                                                      |  |  |  |  |
| Examiner Name                        | Unknown                                                   |  |  |  |  |
| Attorney Docket Number               | TFR0137                                                   |  |  |  |  |

| I hereby revoke all previous powers of attorney given in the above-identified application.                                                                                                                                                                                                                                                                                |                                            |      |                                                                         |            |          |                       |                                       |             |            |            |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------|-------------------------------------------------------------------------|------------|----------|-----------------------|---------------------------------------|-------------|------------|------------|-----|
| I here                                                                                                                                                                                                                                                                                                                                                                    | I hereby appoint:                          |      |                                                                         |            |          |                       |                                       |             |            |            |     |
| Practitioners associated with the Customer Number:                                                                                                                                                                                                                                                                                                                        |                                            |      |                                                                         |            |          |                       |                                       |             |            |            |     |
| C                                                                                                                                                                                                                                                                                                                                                                         | OR .                                       |      | <u> </u>                                                                |            |          |                       |                                       |             |            |            |     |
| •                                                                                                                                                                                                                                                                                                                                                                         | Practitioner(s) named below:               |      |                                                                         |            |          |                       |                                       |             |            |            |     |
|                                                                                                                                                                                                                                                                                                                                                                           |                                            |      | Name                                                                    |            |          | Registrat             | tion Numbe                            | r           |            |            |     |
|                                                                                                                                                                                                                                                                                                                                                                           | Ronald COURT                               | NEY  |                                                                         |            |          | 3                     | 4805                                  |             |            |            |     |
|                                                                                                                                                                                                                                                                                                                                                                           | Matthew STAVI                              | SH   |                                                                         |            |          | 30                    | 6286                                  |             |            |            |     |
|                                                                                                                                                                                                                                                                                                                                                                           | Matthew JOHN                               | STON |                                                                         |            |          | 4                     | 1096                                  |             |            |            |     |
|                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                                   |      |                                                                         |            |          |                       | · · · · · · · · · · · · · · · · · · · | 1.71.10     |            |            |     |
|                                                                                                                                                                                                                                                                                                                                                                           | nark Office conn                           |      | <ul> <li>s) to prosecute the application identified erewith.</li> </ul> | above,     | and to   | transact all busin    | iess in the i                         | United S    | tates Pat  | ent and    |     |
| Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  4100 North Atlantic Boulevard  City  Auburn Hills  State MICHIGAN  Zip 48326  Country  United States of America |                                            |      |                                                                         |            |          |                       |                                       |             |            |            |     |
|                                                                                                                                                                                                                                                                                                                                                                           | Telephone                                  |      | 248 209 84 35                                                           |            | Email    |                       |                                       |             |            |            |     |
| I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)                                                                                                                                                                                                                 |                                            |      |                                                                         |            |          |                       |                                       |             |            |            |     |
|                                                                                                                                                                                                                                                                                                                                                                           |                                            |      | SIGNATURE of Applica                                                    | nt or As   | signee   | of Record             | ,                                     |             |            |            |     |
| Signa                                                                                                                                                                                                                                                                                                                                                                     |                                            | 9    | manora                                                                  |            |          |                       | Date                                  | May         |            | 2005       |     |
| Name                                                                                                                                                                                                                                                                                                                                                                      |                                            |      | ERRANOVA                                                                |            |          |                       | Telephone                             | 02          | 30 4       | <u> 33</u> | .54 |
|                                                                                                                                                                                                                                                                                                                                                                           | and Company                                |      | r, Valeo Climatisation                                                  |            |          |                       |                                       |             |            |            |     |
|                                                                                                                                                                                                                                                                                                                                                                           | : Signatures of all thure is required, see |      | rs or assignees of record of the entire interest                        | t or their | represen | tative(s) are require | ed. Submit m                          | ultiple for | ms if more | than on    | .e  |
| ~                                                                                                                                                                                                                                                                                                                                                                         | *Total of 4                                |      | forms are submitted.                                                    |            |          |                       |                                       |             |            |            |     |



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| Application Number     | 10/510,769                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |
| Filing Date            | 10/12/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |
| First Named Inventor   | Frederic PIERRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |
| Title                  | Electric heating device, in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |
| Art Unit               | 3742                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| Examiner Name          | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |
| Attorney Docket Number | TFR0137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |

| I hereby revoke all previous powers of attorney given in the above-identified application. |                                                                                                                                                           |          |                                                 |                   |          |                        |             |                                |   |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|-------------------|----------|------------------------|-------------|--------------------------------|---|
| I hereby appoint:                                                                          |                                                                                                                                                           |          |                                                 |                   |          |                        |             |                                |   |
|                                                                                            | Practitioners associated with the Customer Number:                                                                                                        |          |                                                 |                   |          |                        |             |                                |   |
| OR                                                                                         | OR                                                                                                                                                        |          |                                                 |                   |          |                        |             |                                |   |
| Practiti                                                                                   | Practitioner(s) named below:                                                                                                                              |          |                                                 |                   |          |                        |             |                                |   |
|                                                                                            |                                                                                                                                                           |          | Name                                            |                   |          | Registration           | on Numbe    | er                             |   |
| Ronald                                                                                     | d COURT                                                                                                                                                   | NEY      |                                                 |                   |          | 34                     | 805         |                                |   |
| Matthe                                                                                     | ew STAVI                                                                                                                                                  | SH       |                                                 |                   |          | 36                     | 286         |                                |   |
| Matthe                                                                                     | ew JOHN                                                                                                                                                   | STON     |                                                 |                   |          | 410                    | 096         |                                |   |
|                                                                                            |                                                                                                                                                           |          |                                                 |                   |          |                        |             |                                |   |
| as my/our atto<br>Trademark O                                                              |                                                                                                                                                           |          | s) to prosecute the application ide<br>erewith. | entified above,   | and to   | transact all busine    | ss in the   | United States Patent and       | 1 |
| Please recogn                                                                              | nize or ch                                                                                                                                                | ange the | correspondence address for the                  | above-identif     | ied appl | ication to:            |             |                                |   |
| The                                                                                        | address                                                                                                                                                   | accociat | ed with the above-mentioned Cus                 | tomor Niumbo      | r.       |                        |             |                                |   |
| OR                                                                                         | audiess                                                                                                                                                   | associal | ed with the above-mentioned cus                 | Nomer Numbe       | 1.       |                        | 1           |                                |   |
|                                                                                            |                                                                                                                                                           |          |                                                 |                   |          |                        |             |                                |   |
| The OR                                                                                     | e address                                                                                                                                                 | associat | ed with Customer Number:                        |                   |          |                        |             |                                |   |
|                                                                                            | Firm or Individual Name Valeo Climate Control Corp.                                                                                                       |          |                                                 |                   |          |                        |             |                                |   |
| Addres                                                                                     | ss                                                                                                                                                        |          | 4100 North Atlantic Boulevard                   |                   |          |                        |             |                                |   |
| City                                                                                       |                                                                                                                                                           |          | Auburn Hills                                    |                   | State    | MICHIGAN               |             | Zip 48326                      |   |
| Country                                                                                    | у                                                                                                                                                         | ,        | United States of America                        |                   |          |                        | l l         | ·                              |   |
| Teleph                                                                                     | one                                                                                                                                                       |          | 248 209 84 35                                   |                   | Email    |                        |             |                                |   |
| Assi                                                                                       | I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |          |                                                 |                   |          |                        |             |                                |   |
|                                                                                            |                                                                                                                                                           |          | SIGNATURE of Ap                                 | oplicant or As    | ssignee  | of Record              |             |                                |   |
| Signature                                                                                  |                                                                                                                                                           |          | Vice -                                          |                   |          |                        | Date        | May 27, 2005                   |   |
| Name                                                                                       |                                                                                                                                                           | Frederic | PIERRON                                         |                   |          | T                      | elephone    |                                |   |
| Title and Com                                                                              | npany                                                                                                                                                     | Enginee  | r, Valeo Climatisation                          |                   |          |                        |             |                                |   |
| NOTE: Signatur signature is req                                                            |                                                                                                                                                           |          | rs or assignees of record of the entire         | interest or their | represen | tative(s) are required | l. Submit m | nultiple forms if more than on | е |
| ✓ *Total o                                                                                 | of <u>4</u>                                                                                                                                               |          | forms are submitted.                            |                   |          |                        |             |                                |   |